1714

							Application or Docket Number					
	PATENT A	APPLICATIO Effecti	ID	09/800572								
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OR	OTHER THAN		
TOTAL CLAIMS			18			RATE		FEE		RATE	FEE	
FOR			NUMBER FILED NUMBI		BER EXTRA	BASIC FEE 3		370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			/8 minus 20= * -			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 = * -			X42=		) and annual his billion and the billion billi	OR	X84=	, mentiperaph maj dem mentiper vision applipabenti ligade maj desira, lamen	
MULTIPLE DEPENDENT CLAIM PI			RESENT [			+140=			OR	+280=		
* If the difference in column 1 is less than zero, enter "0"					column 2	TOTAL			OR	TOTAL	710	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	LL E	ENTITY	OR	OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	* /8	Minus	** 20	=	X\$ 9	9=		OR	X\$18=		
AME	Independent	· 3	Minus	*** 3	=	X42	2=		OR	X84=		
Ш	FIRST PRESE	NTATION OF MU	JETIPLE DEP	ENDENT CLAI	IVI	+140	O=.		OR	+280=		
							TAL		OB I	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)										<del></del>	
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**	= .	X\$ 9	9=		OR	X\$18=		
AMENDI	Independent	*	Minus	***	=	X42	<u>?</u> =		OR	X84=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+140	O= ,		OR	+280=		
						TC ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE		
					_							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9	9=		OR	X\$18=		
	Independent	*	Minus	***	=	X42	2=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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